



Board of Behavioral Sciences
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MARRIAGE AND FAMILY THERAPIST TRAINEE / INTERN WEEKLY SUMMARY OF HOURS OF EXPERIENCE

OPTION 1 – NEW STREAMLINED METHOD

Use a separate log for each work setting

| | | |
|--|-------------------------|--|
| Name of Trainee/Intern: Last | First | Middle |
| Supervisor Name | | Date enrolled in graduate degree program |
| Name of Work Setting | Address of Work Setting | |
| Indicate your status when the hours below are logged: <input type="checkbox"/> Trainee <input type="checkbox"/> Trainee in Practicum <input type="checkbox"/> Post-Degree / Intern Application Pending - BBS File No (if known): _____ <input type="checkbox"/> Registered Intern - MFT Intern Number: _____ | | |
| YEAR _____ | WEEK OF: | |
| | | Total Hours |
| A. Direct Counseling with Individuals, Groups, Couples or Families | | |
| <i>A1. Diagnosis and Treatment of Couples, Families, Children*</i> | | |
| B. Non-Clinical Experience | | |
| <i>B1. Supervision, Individual*</i> | | |
| <i>B2. Supervision, Group*</i> | | |
| C. Total Hours Per Week (A + B = C) (Maximum 40 hours / week) | | |
| Supervisor Signature | | |

* Line A1 is a sub-category of "A" and Lines B1/B2 are subcategories of "B." When totaling weekly hours do NOT include the subcategories - use the formula found in box "C."